

COUNTY BOROUGH OF SOUTH SHIELDS

EDUCATION COMMITTEE

**THE HEALTH OF
SCHOOL CHILDREN**

1966

**SCHOOL HEALTH
SERVICE**

COUNTY BOROUGH OF SOUTH SHIELDS



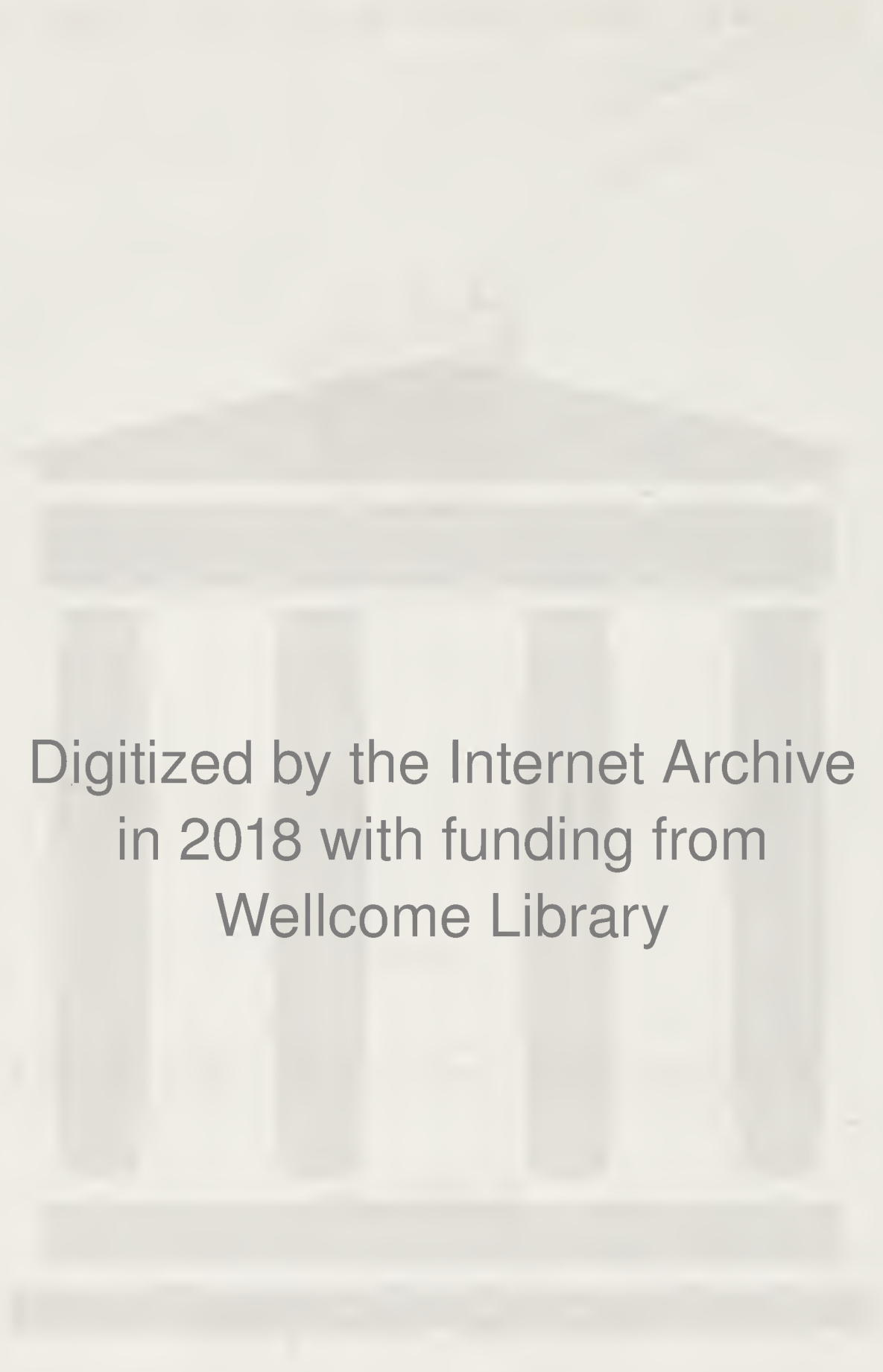
ANNUAL REPORT

of the

Principal School Medical
Officer

for the year 1966

I. D. LEITCH, M.B., Ch.B., D.P.H.



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To The Chairman and Members of the Education Committee

I have the honour to present my Annual Report of the School Health Service for 1966. The contents of the report are on the usual lines but I would emphasise the following matters.

Of the 5,000 children medically inspected during the year, only 30 (0.6%) were assessed to be of unsatisfactory physical condition. This is a slight decrease on the previous year's figure of 45 (0.9%).

It is gratifying to note that full staffs of doctors, dentists and nurses enabled the implementation of complete programmes of inspections, special and other examinations, to take place throughout the year. The other specialist activities on the school health service also continued with full programmes, with the exception of the speech therapy service. This, of course, has been due to the post of speech therapist remaining unfilled throughout the year. The school psychological and child guidance service again made a useful contribution to the general pattern but it was not possible to extend the service in 1966 (as I had indicated in my 1965) Report) and further consideration is being given to this matter.

The ascertainment and provision of special education for handicapped children demanded, as usual, a high proportion of the time and efforts of the school doctors working in close co-operation with school teaching staffs and others. If anything, this work is tending to increase as more children with congenital and other handicaps are surviving to school age. Special education facilities locally are consequently in growing demand and the opening in 1967 of a new day special school to replace the old St. Stephen's School will be welcomed. The policy of the Education Authority is such that there is no arbitrary limit to the transfer of children on medical grounds to residential special schools in other parts of the country and the number attending such schools at the end of 1966 was 14, which is 5.7% of the total of South Shields children in special schools.

The better staffing position in 1966 also promoted fairly comprehensive schemes of health education to be pursued in the senior schools, especially in the girls' classes and this is more fully described on page 39 of this report. Unfortunately, it is not yet possible to provide similar schemes in the junior schools. School teachers often make the point that a doctor or nurse visiting the school can make a more effective impact in putting across health matters in the classroom than the teachers themselves. Whilst this point of view is appreciated, a number of difficulties such as other demands on the time of the school health service staff and their lack of teaching experience, often restrict the work which should be done. For this reason, health education should be undertaken jointly by the school teaching and health staffs subject, of course, to the planning of the curriculum. In order that school teaching staffs can keep up-to-date with health matters and discuss these from time to time in the classroom, copies of the publication of the Central Council for Health Education "Better Health" have been issued to all schools for many years.

The incidence of accidents involving children up to school leaving age was again a matter of concern during the year. One child under five was killed in a road accident and 156 received non-fatal injuries. As a result of home and other accidents, there were no fatalities but a considerable number required hospital treatment. The large number of children admitted to hospital casualty departments following accidental swallowing of harmful substances, especially pills and other medicaments, has led to the introduction of various warnings on the labels of containers. All parents, however, must take heed of these warning by ensuring safe storage of these items at all times. In addition, it is advisable, especially in the case of medicines and drugs, to destroy these as soon as the need for having them in the house is over.

Consideration was given to the need for co-ordination of services in the case of the handicapped adolescent and the report of the Manager of the Employment Exchange on page 34 gives details of the Youth Employment Officer's work

in connection with handicapped pupils leaving the two special schools. From this it is satisfying to note that only a minority were not placed in fairly long term employment. There is obviously a gap in the provision of services for the handicapped young person in so far as he no longer has available the facilities of a school health service to fall back upon. To some extent, however, the welfare services of my department can assist but there is still need for the personal health type of clinic at which these young people can discuss their difficulties with a doctor.

I am indebted for much help and support over the year from yourself and the members of your Committee and I acknowledge, with thanks, the co-operation and assistance of the Director of Education, his staff and all the school teaching staffs. I am specially grateful to the members of my own staff for their good work and I wish to thank Dr. E.M. Young, Deputy Principal School Medical Officer and Mr. J. A. Brewis Chief Administrative Assistant, for their valued help in compiling this report.

I. D. LEITCH

Principal School Medical Officer

EDUCATION COMMITTEE**1966****THE MAYOR:****ALDERMAN MRS. R. A. HART***Chairman:***COUNCILLOR J. W. IRELAND, J.P***Vice-Chairman:***ALDERMAN MRS. M. E. SUTTON, J.P.****Alderman R. Dodds****Alderman W. Harrison****Alderman J. E. Wright**

Councillor R. Bainbridge M.B.E., J.P.
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Councillor W. B. Catley**Councillor A. L. Elliott****Councillor Mrs. J. L. Fry****Councillor B. Howard****Councillor R. Hunter****Councillor F. Mansfield****Councillor A. E. Palmer****Councillor K. Scrimger****Councillor J. Thornton**

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer:

I. D. LEITCH, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

D. F. HENLEY, M.B., B.S., D.P.H.

Senior Medical Officer:

H. LEVY, M.B., B.S.

School Medical Officers:
(and Assistant Medical Officers)

JEAN WALMSLEY, M.B., Ch.B., D.P.H.

LORNA M. ROZNER, M.B., B.S., D.P.H.

ANN CARTER, M.B., Ch.B., D.P.H. (*resigned 30. 6. 1966*)

JANAKI NARAYANAN, M.B., B.S., D.P.H. (*commenced 1. 7. 66*)

LILIAN F. WHITE, M.B., B.S. (*resigned 31. 12. 1966.*)

Principal School Dental Officer:

T. W. CLARKSON, B.D.S.

School Dental Officers:

B. SCRAFTON, B.D.S.

DIANA M. ELSEY, B.D.S.

PATRICIA SMART, B.D.S.

J. P. BLUNT, L.D.S. (*sessional*)

J. WALSH, B.D.S. (*sessional*)

3 Dental Attendants.

Anaesthetist (part time):

E. O'NEILL, L.R.C.P.I., L.M., L.R.C.S.I.

Superintendent Health Visitor and School Nurse:

MISS E. MYCOCK, S.R.N., S.C.M., S.R.F.N., H.V. (Cert).

15 Health Visitors
 7 School Nurses
 1 Auxiliary Nurse
 2 Clinic Assistants

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE:

Consultant Psychiatrist:

R. N. STANSFIELD, M.R.C.S., L.R.C.P.

Educational Psychologist:

I. R. MCKENZIE,, B.Sc. (Psych.)

Consultant Advisers:

Paediatrics:

R. D. G. CREERY, M.D., M.R.C.P., D.C.H. (*left 31. 3. 1966*)

MARGARET TAYLOR, D.C.M., M.R.C.P. (*commenced 1.4. 1966*)

Orthopaedics:

T. A. BERRY, F.R.C.S.

Ophthalmology:

A. SMITH, M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.

Ear, Nose and Throat:

R. E. JOWETT, M.D., M.R.C.P., D.L.O., F.R.C.S.

Orthodontics:

D. A. DIXON, F.D.S., D.D.O.

Oral Surgery:

R. KERR GILBERT L.R.C.P.I., & L.M., F.D.S., R.C.S.

Administration:

Chief Administrative Assistant:

J. A. BREWIS, D.M.A.

4 Clerks

The following appointments were vacant at the End of the
Year:-

Two Speech Therapists

Social Worker for Child Guidance Clinic

SCHOOL POPULATION

NUMBERS AND ATTENDANCE OF PUPILS AT
SCHOOLS MAINTAINED BY THE AUTHORITY
IN 1966

Type of School	Number of Schools	Number of Children on Register at end of 1966	Average Attendance for the year (%)
Primary -			
Infants.....	18	3,337	93.2
Juniors.....	18	5,963	93.2
Juniors and Infants.....	6	1,413	92.2
Secondary -			
Modern.....	11	5,456	93.5
Grammar-Technical.....	2	1,959	95.0
Special -			
Educationally Sub-Normal } Physically Handicapped }	2	247	86.1
Other -			
Nursery Classes at Harton Infants School....	1	60	88.0

SCHOOL CLINICS

Minor Ailments Clinic	Stanhope Parade Clinic	9.30 a.m. - 11.30 a.m. daily
	Boldon Lane Clinic	9.00 a.m. - 10.00 a.m. Monday - Friday
Dental Clinics	Stanhope Parade Clinic	9.30 a.m. - 11.30 a.m. 2.00 p.m. - 4.00 p.m. Monday - Friday
	Boldon Lane Clinic	9.30 a.m. - 11.30 a.m. 2.00 p.m. - 4.00 p.m. Monday to Friday
Speech Therapy Clinics	Stanhope Parade Clinic	Wednesday - Thursday 9.00 a.m. - 12 noon 1.30 p.m. - 4.30 p.m.
	Boldon Lane Clinic	Tuesday 9.00 a.m. - 12 noon 1.30 p.m. - 4.30 p.m.
	Cleadon Park School	Monday - by appointment only
Child Guidance Clinics	Boldon Lane Clinic	Friday morning and afternoon by appointment only
Hearing Assessment Clinic	Stanhope Parade Clinic	By appointment only
Skin Clinic	Stanhope Parade Clinic	Monday and Friday mornings
Refraction Clinic	Stanhope Parade Clinic	Tuesday afternoon - by appointment only
Immunisation Clinic	As and where required	

MEDICAL INSPECTION

The organisation of the School Health Service remained unchanged throughout 1966, each medical officer having duties in the schools and maternity and child welfare clinics in a given area of the town.

Routine medical inspections of children in the usual three age groups continued throughout the year, the percentage of parents attending the medical examination remained high in the infant and junior groups.

The special arrangement whereby Dr. Levy and a school nurse made weekly visits to the Boys Grammar Technical School continued during 1966.

Periodic Medical Inspections.

	Number of Children Inspected	Number of Parents Present	%
Entrants.....	1,778	1,625	91.4
Other Periodic Inspections.....	1,835	1,494	81.3
Leavers.....	1,506	492	32.7
Total.....	<u>5,119</u>	<u>3,611</u>	<u>70.5</u>

Other Inspections.

Number of Special Inspections...	1,770
Number of Re-inspections.....	2,777
Total.,.....	<u>4,547</u>

Miscellaneous Examinations.

The following examinations were carried out for special purposes.

Prior to going on holidays abroad.....	137
W.V.S. Holiday Scheme.....	14
Prior to return to residential school.....	103
Teacher and Teaching Candidates.....	166
Referred by Juvenile Court.....	38
Children to be boarded out.....	44

Out of School Employment.

A total of 400 children were examined in accordance with the Local Byelaws and of these, 398 were given the necessary certificate and two were found to be unfit for employment out of school hours.

Other Examinations.

During the year, there was a considerable increase in the number of individual consultations and special examinations given to school children. These consultations and examinations are extremely helpful in the more detailed follow up and examination of children with particular defects who were referred to School Medical Officers from various sources.

A total of 392 consultations were done in school clinics and 555 special or follow up examinations were done in schools.

General Condition of Children Inspected.

Of the 5,119 children examined, the school doctors assessed 30 (0.6%) as being of unsatisfactory physical condition, a slight decrease from the previous year.

AVERAGE HEIGHT AND WEIGHT OF SCHOOL CHILDREN 1966

Age in Years	No. of Children		Height (in inches)		Weight (in lbs.)	
	Boys	Girls	Boys	Girls	Boys	Girls
Entrants - 5 - 6	839	852	42.96	42.81	43.48	42.04
Others - 10 - 11	862	759	54.78	54.98	74.75	76.67
Leavers - 14 - 15	760	691	63.67	61.77	113.75	114.19

For comparison purposes the figures for children examined in 1956 are shown in the following table:-

AVERAGE HEIGHT AND WEIGHT OF SCHOOL CHILDREN 1956

	Number of Children	Height (ins)		Weight (lbs.)	
		Boys	Girls	Boys	Girls
5 - 6	1,702	44.03	43.78	44.77	43.15
10 - 11	1,316	53.95	54.56	73.74	75.00
14 - 15	1,196	63.71	60.68	108.90	110.71

Defects found at Periodic Medical Inspection.

Table A (2), page 44, gives details of the defects (excluding dental disease and infestation with vermin) found at medical inspections during the year for each group of children examined. By far the commonest defects found were those related to the eyes (196 per 1,000 children examined), followed by orthopaedic defects (122 per 1,000 children examined) and abnormalities of the ear, nose and throat (72 per 1,000 children examined). Over half of the orthopaedic defects were defects of the feet.

Pupils found to require treatment at Periodic Medical Inspection.

Table A, page 46, shows that 9.96 per cent of the children examined were considered to require treatment. Just under half of these required treatment for defective vision.

Cleanliness of School Children.

Nurses continued to visit schools to examine pupils for infestation with vermin and although it was only possible for a routine examination to take place once during 1966, the total number of pupils found to be infested (1,232 - 6.32% compared with 3.85% in 1965) showed an increase over the previous year. This increase was possibly due to the

cleanliness inspections being reduced to one a year for each school. Arrangements have been made to reinstate biannual inspections and all medical, nursing and teaching staff are keeping a watch on the situation.

MEDICAL TREATMENT AND SPECIAL CLINICS

Minor Ailment Clinic

Daily minor ailment sessions were held at the Stanhope Parade and Boldon Lane Clinics.

Treatments were confined to simple medicaments and pupils requiring further attention were referred to their family doctors or the hospital services.

A total of 1,615 pupils attended for treatment, of whom 161 were referred to general practitioners or the appropriate consultant.

There were 2,777 return visits and of the total 9,502 attendances, 5,115 were of such minor degree as to be treated throughout by the school nurse.

Otological Services

The comprehensive scheme to provide for the ascertainment and assessment of children with impaired hearing continued during the year.

The possibility of providing special units for the supervision and teaching of children with impaired hearing is still under review and it is hoped to provide such units in the future.

The monthly Audiology Clinic, under the supervision of Mr. R. E. Jowett, Consultant Otologist, continued during the year, but the waiting list remains fairly large, due to a shortage of consultant staff.

During 1966, a total of 429 children received operative treatment for surgical conditions of the ear, nose and throat and a further 63 received other forms of treatment from the School Health Service.

Audiometry and Routine Hearing Tests.

1. Pre-School Arrangements

The health visitors continued screening tests for deafness in young children and though it has not been possible to test every child during the first year of life, the main effort is concentrated on those children known to be "at risk" of developing hearing defects.

2. Routine Sweep Testing.

All new entrants to infants' school are given a routine pure tone audiometric sweep test by a nurse specially trained in audiometric techniques. In 1966, a total of 1,839 children were tested in this way, of whom 177 were considered in need of further investigation and were referred to the Hearing Assessment Clinic.

Home visits were made to give parents guidance on the care and supervision of children with defective hearing and to assist in the supervision and adjustment of hearing aids. Six children were provided with hearing aids.

Hearing Assessment Clinic.

The statistics for 1966 are as follows:

	<u>1965</u>	<u>1966</u>
Total number of Attendances.....	522	519
Boys.....	276	295
Girls.....	203	221
Adults -		
Males.....	11	2
Females.....	14	1
Referred by:		
School Medical Officer.....	231	293
E.N.T. Consultant.....	56	40
Others.....	28	35
General Practitioners.....	10	20
Audiometrician - routine sweep testing....	169	125
Re-assessments.....	122	187
No. found to have defective hearing.....	337	275
Referred to Audiology Clinic for Consultant opinion.....	35	57

During the year three student health visitors from the College of Commerce, Newcastle, made observation visits to the Hearing Assessment Clinic.

Audiology Clinic.

Mr. R. E. Jowett reports as follows:-

"It is notable that there have only been two cases which could be appropriately classified as congenital deafness.

Some interest is being shown in nerve deafness where it could possibly be due to exposure to noise. In one case a gas explosion was responsible. We are now suspecting that a certain number of cases, particularly where only one ear is involved, are due to exposure to fireworks and similar explosive sounds."

Total number of children seen.....	60
New Cases.....	53
Referred for surgical treatment.....	29

Classifications:-.

1. Infected tonsils and adenoids.....	4
2. Enlarged adenoids.....	12
3. Enlarged adenoids and secretory otitis - for removal of adenoids and myringotomy.....	2
4. Secretory otitis - for myringotomy.....	7
5. Aural Keratosis and sinus infection.....	3
6. Foreign body - for removal.....	1
7. Cerumen - for removal.....	8
8. Congenital deafness.....	2
9. Nerve Deafness (one ear only).....	5
10. Noise deafness (gas explosion).....	1
11. Advised.....	8
12. Hearing aids prescribed.....	4

SPEECH THERAPY

In spite of strenuous efforts made by the Education Committee, it proved impossible to engage a speech therapist during 1966. All possibilities were explored, including a review of the salary scale and a scheme to share the services of a speech therapist with neighbouring authorities, who, unfortunately, proved to be equally short of staff.

OPHTHALMIC SERVICES

There were no changes in the arrangements for dealing with visual defects or eye complaints as described in previous reports.

Consultant Service.

During 1966, 30 children were referred by the school medical officer to the Ophthalmologist at the Ingham Infirmary. These were treated under the direction of Mr. Smith, the Senior Consultant.

There were 19 cases of squint. These children were provided with glasses and one was given orthoptic treatment. Six suspected cases of squint attended for observation. Five children were seen with refractive errors, glasses were prescribed for all five children.

In addition one child with a squint had a corrective operation in a Newcastle hospital.

Refraction Clinic.

Of the 5,119 children seen on periodical medical inspections, 254 required attention for visual defects. 104 of these were examined at the Stanhope Parade Clinic and 68 had spectacles prescribed.

The opticians saw 377 children and prescribed glasses in 338 cases. This includes children referred in previous years who attended for a re-test.

The incidence of visual defects and their treatment for the past three years is given below:-

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Children seen at periodic medical inspections.....	5,393	5,294	5,119
Found to require treatment for visual defects.....	474	463	254
Of the above:			
Examined at the Stanhope Parade Clinic	130	134	104
Seen by Opticians.....	408	438	377
Other cases seen by Opticians.....	1,014	903	888

Sanction for the repair of spectacles was made by the School Medical Officer in 485 cases, on Form O.S.C. 10. The Education Authority accepted liability in 160 of these cases at a cost of £127 7s. 11d.

ORTHOPAEDIC SERVICE

Children with orthopaedic and postural defects are referred to the local hospital where facilities are available for consultations, surgical procedures and physiotherapy.

This arrangement has worked satisfactorily for a number of years and we are indebted to Mr. Berry, Consultant Orthopaedic Surgeon, for his continued co-operation.

During the year, 33 children were referred to the Orthopaedic departments - 20 for foot deformities and 13 for other defects. All of these children were treated, one by operation and there were no cases waiting at the end of the year.

PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Department of the local hospitals was maintained throughout the year. Dr. R.D.G. Creery and Dr. M. Taylor, Consultant Paediatricians, have always been most helpful in giving the benefit of their experience and advice to the school medical service and we are greatly indebted to them. Dr. Creery transferred to the Bristol area during this year and the good wishes of the staff are extended to him in his new post.

Hospital Treatment.

During 1966 the department was notified of the discharge from hospital of 850 children, 302 of these being under five years of age. Of the total, 493 were admitted for treatment for ear, nose and throat defects - 64 under five years; 29 were treated for fractures and other results of accidents - 22 under five years; 36 were treated for

respiratory infections - 34 under five years.

Arrangements for Special Tuition in Hospital or at Home.

In accordance with the provisions of Section 56 of the Education Act, 1944, arrangements were continued during the year for tuition of children who were long term patients in hospital or who were unable to attend school for long periods owing to illness.

The number of children receiving tuition in hospital during the year was ten and a total of nine children also received home tuition.

SKIN CLINIC

Special skin clinics are held on two mornings each week attended mainly by children with warts and verrucae. Children with skin infections also attend the minor ailment clinics.

The following cases were treated during 1966. Figures for 1965 are shown for comparison:

	1965	1966
Ringworm:		
Skin	2	-
Scalp.....	-	-
Scabies.....	83	142
Impetigo.....	46	33
Warts.....	277	282
Verrucae.....	121	372
Others.....	249	426

There were no children with ringworm of the skin and for the third consecutive year there were no cases of scalp ringworm.

Scabies was again a frequent occurrence and showed an increase from last year. Although this contagious infestation usually clears up with medical treatment, it was noticed that recurrence in certain families is not uncommon. This is usually because other members of the family (often the adults) have not taken advantage of facilities for treatment and in consequence re-infest

their school children. With the co-operation of family doctors, this can often be rectified and a permanent cure results.

There were fewer children with impetigo than in 1965 and anti-biotic treatment usually achieved a rapid cure.

Teenagers with acne vulgaris occasionally come for advice and help. This troublesome and embarrassing condition is difficult to improve or cure but ultra violet light and diet restrictions are often helpful. Cases of psoriasis are also improved by ultra violet therapy.

In 1966 the activities of the School Nurses were extended to cover foot inspection in junior schoolchildren. This was felt advisable as during the year these children commenced attending the swimming baths as part of the school physical education programme. These increased inspections probably account for the cases of verrucae found, being trebled in 1966.

SCHOOL DENTAL SERVICE

During 1966 for the first time in many years the School Dental Service was fully staffed. As a result of this more children were able to have dental inspections and treatment. Statistics are given in Appendix III, page 50

All the schools in the Borough with the exception of the two Grammar schools and Westoe Infants School had the benefit of two inspections as in 1965.

There are still many parents who are unwilling to accept treatment for their children's teeth either from the School Dental Service or the National Health Service and who are unconcerned about the importance of regular dental care, dental hygiene and correct eating habits. The dental officers talked to as many parents as possible, stressing the detrimental effect on the teeth of sweet, sticky items of food.

The scheme to sell toothbrushes at a reduced cost to children attending the clinics which commenced in 1965, continued throughout 1966 and proved very popular. It is hoped in 1967 to provide every school entrant with a toothbrush and tube of toothpaste free of charge and so encourage oral hygiene.

In the Dental Health Education programme the highlight of the year was the visit, sponsored by the General Dental Council, of 'Pierre the Clown'. He visited most of the infant and junior schools in the town and made a memorable impression on the children, who were each given an apple to emphasise the cleaning properties of this fruit. The apples were provided by the Fruit Growers Association and we are indebted to them and the General Dental Council. We hope for a return visit.

In May 1966, Miss O. Deakin, dental surgery attendant, retired after 35 years loyal service to the Corporation.

The dental auxiliary resigned in June 1966 and her services, particularly in health education, have been missed. When dental auxiliaries were first suggested, some alarm was felt in the profession but they have proved their worth. They are specially trained in the work of dental health education. Their talks and displays in clinics and schools have become an invaluable asset to the School Dental Service and by relieving the dental officer of some of his more onerous tasks have conserved dental manpower. The auxiliary, however, must work under the supervision of a dental officer and her duties are laid down by the Dental Auxiliaries Regulations 1961 so there can be no abuse of this service.

In December 1966 a joint circular on Local Authority Dental Services from the Department of Education and Science and the Ministry of Health suggested that the Principal School Dental Officer should hold a weekly sessional appointment in the local teaching hospital. This would serve the dual purpose of providing a valuable link between the local authority and hospital services and an opportunity of bringing the Local Authority Dental Service to the attention of the undergraduate students and encourage recruitment, the ultimate aim being a closely integrated service and a higher standard of dental care. It is hoped to implement the recommendations of this Circular during 1967.

We are indebted to the Consultants at the Dental Unit of Sunderland General Hospital and the Dental Hospital, Newcastle upon Tyne, for advice and treatment given in difficult cases.

INFECTIOUS AND CONTAGIOUS DISEASES

Cases of infectious disease notified to the Health and Welfare Department as occurring among school children are given in the following table:

NOTIFIABLE DISEASE IN SCHOOL CHILDREN, 1966

	Number of Cases Reported		
	Primary School	Secondary School	Total
<i>Disease</i>			
Scarlet Fever.....	22	10	32
Whooping Cough	30	7	37
Measles.....	446	7	453
Pneumonia.....	1	1	2
Tuberculosis:-			
Pulmonary.....	1	2	3
Non-Pulmonary.....	-	-	-

Measles

There was a slight rise in the number of cases compared with the previous year but the figures did not show a particularly high incidence of this infection.

Scarlet Fever

There was a considerable fall in the number of cases notified in 1966.

Tuberculosis

During the year, 3 children were notified as having respiratory tuberculosis. The falling incidence noticed last year continued and there were again no deaths from tuberculosis. The following tables indicate the present position, as compared with previous years:

Age Group	1965		1966	
	Respiratory		Respiratory	
	Boys	Girls	Boys	Girls
5 - 9 years.....	5	1	1	-
10 - 14 years.....	1	1	1	1
Total.....	8		3	
	Non-Respiratory		Non-Respiratory	
5 - 9 years.....	-	1	-	-
10 - 14 years.....	-	1	-	-
Total	2		-	

	Respiratory		Non-Respiratory	
	Notification	Deaths	Notification	Deaths
1921-25	62	17	62	14
1926-30.....	49	13	71	14
1931-35.....	35	11	65	16
1936-40.....	21	3	40	6
1941-45.....	25	2	30	5
1946-50	27	1	15	3
1951-55.....	27	-	7	-
1956-60.....	12	-	2	-
1961-65.....	61	-	5	-
1966.....	3	-	-	-

Tuberculin Testing of School Entrants

Routine tuberculin testing of school entrants by means of the Heaf Test was continued during the year. A total of 1,540 children were tested, 1,304 were negative and 211 had a positive reaction. Of the positive reactors, 171 had previously been given B.C.G. and the number of natural conversions was therefore 40. This gives an incidence of positive reaction as 2.6%. All 40 positive reactors were referred to the Chest Clinic for further investigation. No cases of tuberculosis were notified from this group.

Exclusion from School.

The following rules for the exclusion of school children who are cases or contacts of infectious disease have been in force since 1959. They are based on Department of Education and Science and Ministry of Health recommendations.

COUNTY BOROUGH OF SOUTH SHIELDS

EXCLUSION FROM SCHOOL OF CERTAIN INFECTIOUS DISEASES.

	Usual Incubation Period days	Period of Exclusion from School.	
		Patients	Contacts
Whooping Cough	7-10	28 days from beginning of the characteristic cough.	Infants (<i>i.e.</i> those attending infant school department) who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
Measles	10-15	10 days after the appearance of the rash if the child appears well.	Infants who have not had the disease should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.
German Measles	14-21	7 days from the appearance of the rash.	None.
Mumps	12-28	14 days from the onset of the disease or 7 days from subsidence of all swelling.	None.
Chickenpox	11-21	14 days from the date of the appearance of the rash.	None.
Scarlet Fever and Streptococcal (sore throat)	2-5	7 days after discharge from hospital or from home isolation, provided all symptoms and signs have disappeared.	Children—no exclusion. Persons engaged in handling of food—until certified by Medical Officer of Health as free to return to duties.
Diphtheria	2-5	Until pronounced free from infection.	7 days after removal of patient to hospital or beginning of home isolation. Scholars, after bacteriological examination proved to be negative.
Acute Poliomyelitis	7-14	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Meningococcal Meningitis	2-10	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Dysentery	1-7	Until declared free from infection by Medical Officer of Health	Children—no exclusion if bacteriological investigation is negative. Persons engaged in handling of food until certified by Medical Officer of Health as free to return to duties.
Infective Hepatitis	10-40	Until declared free from infection by own medical practitioner.	None.

VACCINATION AND IMMUNISATION

Efforts to maintain high levels of protection against communicable diseases were maintained during 1966. Particular emphasis was placed on the primary courses or booster injections of diphtheria and tetanus at school entry. Programmes for protection against tetanus of all school children and the maintenance of high levels of protection against poliomyelitis were effectively pursued.

Vaccination against Smallpox.

During the year, 84 children of school age received primary vaccination and 9 pupils were re-vaccinated.

Vaccination against Poliomyelitis.

During the year, 418 children of school age received primary vaccination and 337 pupils were given a fourth reinforcing dose of vaccine.

Diphtheria Immunisation.

Every effort continued to be made at pre-school and school entry medical examinations to check the immunisation state of each child and to ensure that appropriate primary or booster injections were given. In most cases, combined diphtheria-tetanus antigen was used.

The number of school children immunised against diphtheria either singly or in combination with other antigens, was as follows:

Primary Course.....	80
Reinforcing Doses.....	433

It is estimated that 70% of children aged 5 - 9 years have completed a course of immunisation against diphtheria in the last five years.

Tetanus Immunisation.

During 1966, a further expansion of the tetanus immunisation programme for school children was undertaken.

Protection was offered to children aged 10 - 11 years and in addition, a large number of school leavers were offered immunisation against this important disease. The response was gratifying. Primary and reinforcing immunisation continued to be offered to school entrants. The number of school children immunised against tetanus either singly or in combination with other antigens was as follows:

Primary Course.....	2,961
Reinforcing Doses.....	2,255

B.C.G. Vaccination.

Two separate programmes of B.C.G. Vaccination were carried out during 1966 due to the 1965 programme being postponed.

No. of children offered tuberculin testing & B.C.G. Vaccination.....	3,396
No. of consents received.....	2,951
Percentage of consents.....	86.89%
No. who had previously had B.C.G.....	225
No. tuberculin tested.....	2,858
No. found to be positive (Excluding those already vaccinated with B.C.G.)	393
Percentage of children found to be positive (Excluding those already vaccinated with B.C.G.)	15.2%
No. Vaccinated with B.C.G.....	2,186
No. X-rayed by Mass X-ray.....	382
No. requiring further investigation after Mass X-ray.....	4
No. found to be tuberculous.....	-

The above figures include 33 students attending the Marine and Technical College.

All positive reactors were followed up by a Health Visitor or School Nurse and full details of all positive reactors were notified to the family doctor.

Of the four children referred for further investigation, two were found to have lesions which, though not tuberculous, required to be kept under observation at the Chest Clinic.

SCHOOL NURSES AND HEALTH VISITORS

The trend whereby the routine work of the School Health Service was done more by school nurses than health visitors was again the accepted policy in 1966 and a summary of the work of the school nurses is set out in the following table:

1. Visits to Schools:	
(a) Routine medical inspection.....	311
(b) Vision Testing.....	218
(c) Cleanliness Survey.....	678
(d) Heaf Testing.....	92
2. Home Visits:.....	314
3. Clinic Sessions:	
(a) Minor Ailments.....	656
(b) Immunisation.....	99
(c) Artificial Sunlight.....	72
(d) Superannuation Medical Examinations.....	114
(e) Cytology.....	22
(f) Others.....	43

During 1966, the school nurses did not attend as many routine medical inspections as in the previous year but more time was spent in schools vision testing and more home visits were made.

There was a decrease in the number of minor ailment sessions held due to the inception of the five day working week in April 1966 but in spite of this more children attended and were treated throughout by a school nurse.

The general policy of allocating the school nurses duties outside the School Health Service in addition to their routine work continued during 1966. This allows the school nurse to obtain wider experience in the Health and Welfare Department and also allows more flexibility in the use of the local authority nursing services.

NURSERY CLASSES

There were 90 children in nursery classes during 1966, 30 attended all day and 60 attended half days. The average attendance for the year was 88% which compares favourably with previous years.

The health of the children was good, routine medical

inspections revealed few major physical defects.

There were groups of children whose progress was watched with special interest:

Almost one third of the entrants had very poor speech, not the type of defect needing the services of a speech therapist but which without corrective training could prove to be a severe handicap.

The other group comprised those children with mild behaviour disorders, for example excessively shy children who find it difficult to mix with others or children who are said to be uncontrollable at home. In many cases the mothers of these children were working full-time. The routine of nursery school life and the interest and patience shown by the staff provides the stability needed by these children, they quickly settle down and have no difficulty in adjusting to school life at five years of age.

HANDICAPPED CHILDREN

The following is a list of handicapped children as they were placed in 1966:

1. Blind and Partially Sighted Children.

There are two blind and two partially sighted children notified in the town.

At the end of the year, one blind child, a boy under the age of five years, was awaiting admission to the Rudolf Steiner School, Camphill, Aberdeenshire. The other, a girl aged 13 years, attended Henshaw's School for the Blind, Manchester.

One partially sighted boy aged nine years attended Preston School for Partially Sighted Pupils, Fulwood, and one partially sighted boy aged seven years was awaiting admission to a residential school.

2. Deaf and Partially Hearing Children.

Ten children attended the Northern Counties School for the Deaf, Newcastle upon Tyne, two are fully residential

and the remainder day pupils. One child attended the Mary Hare Grammar School, Buckinghamshire.

3. Physically Handicapped and Delicate Children.

Spastics - 6 Cases

Three attended the Percy Hedley School, Newcastle upon Tyne. One attended Irton Hall School, Cumberland, one received home tuition and one child remained at home.

Spina Bifida - 1 Case

One girl attended Coney Hill Home, Hayes.

Asthma and Bronchitis

One boy attended Pilgrim's School, Seaford.

Asthma and Eczema

One girl attended St. Patrick's Open - Air School, Hants.

Bronchiectasis.

One boy attended Windlestone Hall Residential School, Nr. Ferryhill.

Bronchitis and Asthma.

Two boys attended Warnham Court School, Surrey.

Cerebral Palsy

One girl attended Percy Hedley School, Newcastle upon Tyne.

Haemophilia.

One boy received home tuition.

Multiple Physical Deformities

One girl in hospital.

Muscular Dystrophy.

One boy was awaiting home tuition.

Physically Handicapped.

One girl attended "The Cedars" Special School, Gateshead.
One boy received home tuition.

Spinal Deformity.

One boy received home tuition.
One girl received home tuition.

Severe Crippling Defect.

One boy received home tuition.

Cleadon Park Special Day School.

This is a day school for physically handicapped and delicate children and has accommodation for 150 children of all ages. At the end of the year, 122 children, 70 boys and 52 girls, were attending. There were 35 new admissions and 26 children left.

The children's physical disabilities are classified as follows:-

Delicate.....	44
Respiratory Disease:	
Bronchitis, Asthma, Repeated U.R.T.I.....	35
Bronchiectasis.....	1
Sequelae Respiratory Tuberculosis.....	1
	<hr/> 37
Congenital Malformations (excluding Congenital Heart Disease):	
Hydrocephalus.....	1
Talipes.....	2
Malformation of Hand.....	1
Spina Bifida.....	2
	<hr/> 6

Heart Disease:		
Congenital.....	8	
Other.....	-	8
Epilepsy:		
Grand Mal.....	8	
Petit Mal.....	2	10
Other Conditions:		
Scoliosis.....	1	
Osteitis.....	1	
Partial hearing.....	2	
Partial Sight.....	1	
Sequelae of Tuberculous Meningitis.....	1	
Fibrocystic Disease of Pancreas.....	2	
Maladjusted.....	1	
Cerebral Palsy.....	3	
Migraine.....	1	
Muscular dystrophy.....	1	
Hemiplegia.....	1	
Rheumatoid arthritis.....	1	
Dyspepsia.....	1	
Gargoylism.....	<u>1</u>	18
TOTAL.....		<u>123</u>

The special class for severely handicapped and retarded children which was formed during 1964 continued and again proved extremely successful, particularly for those children with reading difficulties.

The average attendance for the year was 86.1%, which can be considered a satisfactory figure for this type of school.

4. Educationally Sub-Normal.

(a) Ascertainment:

During the year, 92 children were referred by head teachers or from other sources as being educationally retarded. They were examined by an approved school medical officer and the following recommendations were made:

	Boys	Girls	Total
Transfer to E.S.N. School (Day).....	14	9	23
Transfer to E.S.N. School (Residential)	4	1	5
Recommended for Remedial Teaching.....	13	4	17
Decision deferred.....	3	6	9
To remain at present school.....	12	10	22
Unsuitable for Education at School.....	<u>6</u>	<u>3</u>	<u>9</u>
	<u>56</u>	<u>36</u>	<u>92</u>

(b) Placement of Educationally Sub-Normal Pupils.

The following educationally sub-normal children in the town are attending school as shown:

At Day Special School for the Educationally Sub-normal..	127
At Residential Schools.....	9
Awaiting Placement	4
Unfit for School.....	9

(c) St. Stephen's Special Day School for Educationally Sub-Normal Children.

This school has accommodation for 120 children and during 1966, there were 128 pupils on the roll - 68 boys and 60 girls. There were 26 new admissions (18 boys and 8 girls) and 20 children were discharged or left the school. Of those leaving, one had shown distinct improvement and was considered suitable for transfer to an ordinary school, one proved to be unsuitable for education at school. The other 18 had reached school leaving age. Of the school leavers, 13 found reasonable employment and it was found necessary to recommend five of the school leavers for informal supervision by the local health authority.

The keen interest in the school swimming programme was maintained during the year and pupils gained 20 certificates, 2 bronze medals, 1 silver medal and 3 gold medals and one advanced life saving certificate.

The average attendance for the year was 93%.

5. Maladjusted Children.

During the year, ten children were ascertained as maladjusted and were placed as follows:

- 1 child attended Birtley Leafield House Hostel, Birtley
- 1 child attended Redworth Hall School, Nr. Darlington
- 1 child attended Bodenham Manor Special School, Hereford
- 2 children attended Wessington Court School, Herefordshire
- 1 child attended Kingsmuir School, Sussex
- 1 child attended Cleadon Park Open Air School
- 1 child received Home Tuition
- 2 children were awaiting admission to residential schools.

YOUTH EMPLOYMENT SERVICE AND THE PLACEMENT OF HANDICAPPED YOUNG PEOPLE

I am indebted to Mr. B. Brown, Manager of the Employment Exchange, for the following information:

Employment Situation.

"The employment situation for 1966 compared favourably with the fairly high demands for young people noticeable in the last two years.

The Government's economic measures in July, 1966, have had very little discernible effect on the employment of young persons. Handicapped young people, therefore, have been able to obtain employment fairly easily and quickly."

Youth Employment Service links with the Disablement Resettlement Officer.

The Disablement Resettlement Officer for the Employment Exchange Service has co-operated readily with the Y.E.O. in giving expert help and advice in cases referred to him. In addition he has sat in with the Y.E.O. on a number of guidance interviews in the office and occasionally at school.

This practice is in line with the recommendation contained in a report on "The Future Development of the Youth Employment Service".

Handicapped Children Leaving Day Special Schools.

The following table shows the position of leavers from St. Stephen's School for the educationally sub-normal and the Cleadon Park Special School.

	No. from St. Stephen's School		No. from Cleadon Park Special School		Total
	Boys	Girls	Boys	Girls	
Eligible to leave 1966	4	6	9	4	23
Fairly long term employment	3	6	5	3	17
Short term employment	1	-	2	-	3
Unemployed	-	-	-	-	-
Further Education	-	-	2	-	2
Unfit for normal employment	-	-	-	1	1

The girl who is shown as being unfit for normal employment is in fact recommended for entry into Oakleigh Gardens training centre.

Of the two boys shown as continuing their education, one is attending the Marine and Technical College on an Art course - the other returned to school having left employment which was not suited to his health.

Handicapped Children leaving Normal Schools.

Children who were under a less severe handicap have had little difficulty in obtaining suitable employment.

THE SCHOOL PSYCHOLOGICAL SERVICE REPORT FOR 1966

Mr. I. R. McKenzie, Educational Psychologist reports as follows:-

"This service deals with problems of education and behaviour in schools. It is closely linked with the Child Guidance Clinic and close co-operation between the two services is ensured because the same psychologist operates in both services. Cases attending the School Psychological Service may be transferred to the Child Guidance Clinic for more extensive investigation and treatment and Child Guidance cases can be transferred to the School Psychological Service at the conclusion of Child Guidance treatment if further support and observation is desired.

During 1966, 201 children were seen by the School Psychological Service, 42 of these children were transferred to and 14 were transfers from the Child Guidance Clinic, some children attended once but others as many as 40 times. The average number of interviews was 10 per child. The number of referrals for the year was not as great as in 1965 but was greater than the referral number for 1964.

Figures for attendances during 1966 are shown below.

	Boys	Girls	Total
Infant.....	28	14	42
Junior.....	58	35	93
Secondary.....	36	23	59
Pre School.....	2	2	4
Post School.....	1	2	3
	<u>125</u>	<u>76</u>	<u>201</u>

The above pattern is much the same as in recent years, although there is a slightly greater proportion of infant referrals than has been noted hitherto.

The School Psychological Service is also concerned with the provision of Remedial Teaching. During 1966, 360 children received assistance, they attended 8 Remedial Centres staffed by 16 part-time remedial teachers. Several class teachers in the schools have noted, not only an improvement in the specific work being tutored, but also an improvement in the general attitude of some of the children attending remedial groups."

CHILD GUIDANCE CLINIC

I am indebted to Dr. R. N. Stansfield for the following report of the work of the clinic during 1966.

"There were 82 appointments sent for new cases, 63 of whom attended for diagnostic interview with their parents; of these 10 were for special or court reports. During the year a total of 340 parent/child treatment sessions were carried out, an increase on the previous year and at the end of the year there was a waiting list of 10 new cases.

A classification of the problems encountered according to the main factor present follows:-

Habit Disorders, Tics, Stammering, Enuresis	20
Behaviour disorders Aggressiveness, Stealing	40
Anxiety, Phobia, Truancy	40

The importance of home background and family relationships in a child's life is reflected in the number of cases seen where disharmony in family relationships is a prominent factor. During 1966 this number was 40.

I am grateful for the invaluable help and support of the

Educational Psychologist, Mr. I. R. McKenzie, who together with members of the health visiting staff comprises the Child Guidance team."

CLINIC FOR MENTALLY SUB-NORMAL

A regular monthly clinic for mentally sub-normal patients of all ages continued to be held throughout the year. This was attended by Dr. J.S.V. Mouat, Medical Superintendent of the Prudhoe and Monkton Hospital. Owing to the increasing numbers being referred to this Clinic, we are considering extending the present half-day session to a full day.

During the year one school child was referred by a School Medical Officer.

Over the years all mentally sub-normal persons in the Borough are followed up at this Clinic so that the Hospital Service has prior knowledge of those patients who may require either temporary or long term Hospital care.

DEATHS AMONG SCHOOL CHILDREN

Four children of school age died during 1966. The following table gives the cause of deaths. There were no deaths as a result of accident or violence.

Causes of Death	Boys		Girls		Total
	5 - 9	10 - 14	5 - 9	10 - 14	
Carcinoma.....	1	-	-	-	1
Congenital heart disease	-	-	1	-	1
Meningitis.....	-	-	1	-	1
Chronic Pyelonephritis..	-	-	1	-	1
	1	-	3	-	4

The average annual deaths amongst school children and pre-school children since 1901 are shown in the following table:-

Quinquennium	Under 1	1-4 Years	5-14 Years	Average Annual Deaths
1901-5	539	302	101	942
1906-10	455	266	82	803
1911-15	440	268	94	802
1916-20	388	251	136	775
1921-25	318	202	92	612
1926-30	240	146	88	474
1931-35	186	100	72	358
1936-40	136	59	53	248
1941-45	127	38	36	200
1946-50	105	23	15	143
1951-55	68	12	8	88
1956-60	46	6	6	58
1961-65	41	7	5	53
1966	41	3	4	48

ROAD ACCIDENTS AND ROAD SAFETY

Statistics for road accidents affecting children of all age groups, taken from the report of the Chief Constable, are shown in the following table. There were no fatal accidents involving children of school age during 1966. The total number of children injured on the road and their age distribution showed little change from the previous year.

Ages	1965			1966		
	Fatal	Injured	Total	Fatal	Injured	Total
Under 5.....	-	47	47	1	42	43
5 - 8 years.....	1	46	47	-	44	44
8 - 12 years.....	-	33	33	-	35	35
12 - 16 years....	-	31	31	-	35	35
	1	157	158	1	156	157

HEALTH EDUCATION

For the past few years health education has been given in the schools of the town and consisted of lectures by a health visitor or school medical officer. The subjects covered mothercraft, milestones in a baby's life, menstruation and personal hygiene. These lectures were given at the request of individual head teachers.

In May, 1965, a pilot scheme in health education for senior girls commenced at Redwell County Secondary School. This scheme was fully reported in the 1965 report and has proved highly successful.

At the request of head teachers in other parts of the town, arrangements were made for the scheme to be expanded to include the following schools in 1966:-

- (1) Brinkburn County Secondary School
- (2) Dean Road County Secondary School
- (3) Stanhope County Secondary School
- (4) Baring Street County Secondary School
- (5) Cleadon Park County Secondary School
- (6) Westoe County Secondary School
- (7) Redwell County Secondary School
- (8) St. Stephen's E.S.N. School

The course was suitably modified for the girls at St. Stephen's School.

The general impression has been that these lectures have been appreciated by the girls, who asked questions freely and frankly.

All the head teachers concerned have asked that the course should be repeated and it is hoped that they will become an established part of the school curriculum in the girls' schools.

Because of staff problems, it has not been possible to establish a co-ordinated system of health education for boys but talks on special subjects were given at the request of individual head teachers.

In addition, the schools were included in the general health education programme for the community and provided with appropriate posters and health education material. The staff of the School Health Service in the course of their normal duties advised and disseminated propaganda on a variety of health education topics whenever the opportunity arose.

APPENDIX I

SOUTH SHIELDS EDUCATION AUTHORITY

THE REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR 1966

In our report for the year 1965 reference was made to the opening of additional learner swimming pools and the extension of the scheme for the teaching of swimming to children in junior schools. In 1966, by the provision of additional transport, this scheme was finally extended to include all children in the third and fourth year age groups of every junior school in the town. It can now be said that every boy and girl in every junior school in South Shields has the opportunity to learn to swim and further that ideal conditions are provided by the provision of warm shallow-water, purpose-built pools.

During the year the swimming certificates awarded by the Education Authority were revised and extended. The certificates are now of two kinds - Proficiency and Distance Certificates - and additional Distance Certificates for 25 yards and 100 yards have been introduced. The large number of these certificates awarded and the increase in the numbers of the other certificates gained shows clearly the results of the initial teaching in junior school learner pools.

In the annual schools' swimming championships a completely new form of competition was introduced by the adoption of "age-group" swimming. In this method, in order to attain a close approximation of ages for competitive events, the competitors are divided into age groups of one-year intervals. This type of competition has been adopted by the Amateur Swimming Association and is now used in regional and national championships.

For the first time for many years teams of boys and girls were entered for the Northumberland and Durham schools championships and performed creditably, and one girl was included in the Northumberland and Durham team which competed in the National Schools Championships.

Thanks to enthusiastic teachers there was increased activity in cross-country running, swimming and gymnastics. Three schools formed school teams in these sports and arranged inter-school competitions with teams from schools in Sunderland, Gateshead and Newcastle. Another sport growing in popularity is ski-ing, and three schools arranged ski-ing holidays in Scotland and Norway for parties of children. In netball, a South Shields school team achieved the distinction of winning the Durham County Schools netball tournament.

Coaching courses for teachers in tennis and cricket were arranged and both were well attended and favourably received.

The various schools sports associations were as usual actively concerned in arranging an extensive programme of sports and games out of school hours and these included association football, rugby football, cricket, athletics, swimming, netball, rounders, badminton and basket ball.

SOUTH SHIELDS EDUCATION AUTHORITY

SWIMMING CERTIFICATES 1966

EDUCATION AUTHORITY CERTIFICATES

Honours.....	18
1st Class.....	202
2nd Class.....	397
3rd Class.....	365
4th Class.....	665
½ Mile.....	563
¼ Mile.....	701
100 yards.....	1242
25 yards.....	1345
	<hr/>
	5498
	<hr/>

AMATEUR SWIMMING ASSOCIATION AWARDS

Personal Survival -

Bronze.....	470
Silver.....	207
Gold.....	168

Schools Proficiency -

Advanced.....	4
	<hr/>
	849
	<hr/>

ROYAL LIFE SAVING SOCIETY AWARDS

Elementary Certificate.....	14
Intermediate Certificate.....	7
Bronze Medallion.....	44
Award of Merit.....	2
Preliminary Safety Award.....	5
Advanced Safety Award.....	48
Instructor's Certificate.....	7
	<hr/>
	127
	<hr/>

APPENDIX II

SCHOOL MEALS SERVICE

During 1966, a total of 1,008,033 meals was supplied to school children. This figure showed an increase of 142,063 on the previous year. Of the meals supplied, 274,796 were free of charge. The number of children entitled to receive a free meal in December, 1966, was 1,616 - 8.79% of the school population. The average daily number of free and paid meals consumed was 5,600 - 30.47% of the school population.

Establishments:

The number of school meals establishments in operation at the end of December was as follows:-

- 3 Central Kitchens
- 9 Kitchen/Dining Rooms
- 31 Dining Rooms and Dining Centres

A daily average of 3,545 container meals were despatched to the 31 dining rooms and dining centres in the town and 2,455 meals were served at Kitchen/Dining Rooms.

Holiday Meals:

Free meals were provided during the school holiday periods. The meals were cooked and despatched from one central kitchen to six dining centres in different districts of the town. Of 1,616 children entitled to receive a meal free of charge, a daily average of 643 (39.79%) children attended the dining centres.

Family Service:

Family Service has been introduced into a number of school dining rooms for the serving of meals to the children. At present ten school departments are provided for and as additional equipment becomes available it is intended to extend this scheme to other schools in the Borough.

Milk in Schools:

Approximately 14,950 children were supplied with free milk during 1966, some 2,853,651 third-pint bottles were consumed, i.e. 118,902 gallons of milk at a total cost (milk only) of £32,997.

APPENDIX III

Ministry of Education Returns

Year Ended 31st December, 1966

PART I

Medical Inspection of Pupils Attending Maintained and
Secondary Schools (Including Nursery and Special
Schools)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth) (1)	No. of Pupils (2)	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
		No.	No.
		(3)	(4)
1962 and later	36	36	-
1961	1,163	1,158	5
1960	610	604	6
1959	30	29	1
1958	16	14	2
1957	14	13	1
1956	19	18	1
1955	1,115	1,110	5
1954	552	549	3
1953	14	14	-
1952	872	867	5
1951 and earlier	678	677	1
TOTAL.....	5,119	5,089	30

Percentage of total found:

(a) Satisfactory. 99.42%

(b) Unsatisfactory 0.58%

**TABLE A (2) - PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth) (1)	For defective vision (excluding r squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1962 and Later	1	-	1
1961	28	50	71
1960	22	42	62
1959	1	-	1
1958	-	-	-
1957	-	1	1
1956	1	1	2
1955	85	86	167
1954	32	38	67
1953	-	-	-
1952	46	46	85
1951 and Earlier	38	17	53
TOTAL	254	281	510

TABLE B - OTHER INSPECTIONS

Number of Special Inspections.....	1,770
Number of Re-inspections.....	2,777
Total.....	4,547

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	19,154
(b) Total number of individual pupils found to be infested.....	1,232
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).....	-
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).....	-

TABLE D - SCREENING TESTS OF VISION AND HEARING

1. (a)	Is the vision of entrants tested?	YES
	(b) If so, how soon after entry is this done?	As soon as possible (in second half of term of entry)
2.	If the vision of entrants is not tested, at what age is the first vision test carried out?	-
3.	How frequently is vision testing repeated throughout a child's school life?	Four Times.
4. (a)	Is colour vision testing undertaken?	YES.
	(b) If so, at what age?	At intermediate and school leaving inspections.
	(c) Are both boys and girls tested?	YES.
5.	By whom is vision and colour testing carried out?	Vision - by school nurse Colour - by school medical officers
6. (a)	Is audiometric testing of entrants carried out?	YES.
	(b) If so, how soon after entry is this done?	Between five and six years
7.	If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	-
8.	By whom is audiometric testing carried out?	By audiometrician and school medical officers.

PART II

DEFECTS FOUND AT MEDICAL INSPECTION

TABLE A—PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS									
		Entrants		Leavers		Others		Total		Requiring observation (10)	Requiring treatment (9)
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	Requiring treatment (7)	Requiring observation (8)				
4	Skin	18	114	10	64	39	78	89	256		
5	Eyes—(a) Vision	51	104	83	194	118	242	252	540		
	(b) Squint	17	52	3	14	3	22	23	88		
	(c) Other	2	7	2	45	2	43	6	95		
6	Ears—(a) Hearing	7	66	8	14	6	42	21	122		
	(b) Otitis										
	Media	1	32	1	8	1	19	3	59		
	(c) Other	1	8	3	2	3	5	7	15		
7	Nose and Throat.....	6	192	2	39	15	115	23	346		
8	Speech	-	101	-	6	-	37	-	144		
9	Lymphatic Glands	2	102	-	28	2	65	4	195		
10	Heart.....	5	49	2	36	3	52	10	137		
11	Lungs	1	67	2	22	6	83	9	172		
12	Developmental—										
	(a) Hernia	3	12	-	6	1	5	4	23		
	(b) Other	1	32	2	9	10	49	13	90		
13	Orthopaedic—										
	(a) Posture	1	11	1	29	-	36	2	76		
	(b) Feet	2	115	1	91	1	158	4	364		
	(c) Other	6	37	3	59	11	62	20	158		
14	Nervous System—										
	(a) Epilepsy	-	7	-	4	1	12	1	23		
	(b) Other	-	2	-	-	3	8	3	10		
15	Psychological—										
	(a) Development	-	27	-	4	-	21	-	52		
	(b) Stability	1	38	-	4	-	7	1	49		
16	Abdomen	1	9	-	7	1	14	2	30		
17	Other.....	18	144	23	80	47	133	88	357		

TABLE B—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	485	5
5	Eyes—(a) Vision	34	-
	(b) Squint	6	1
	(c) Other	45	3
6	Ears—(a) Hearing	12	11
	(b) Otitis Media .	5	-
	(c) Other	61	3
7	Nose and Throat.....	37	-
8	Speech.....	3	-
9	Lymphatic Glands	2	-
10	Heart.....	1	-
11	Lungs	3	1
12	Developmental—		
	(a) Hernia	1	-
	(b) Other	6	1
13	Orthopaedic—		
	(a) Posture	1	-
	(b) Feet	14	2
	(c) Other	30	-
14	Nervous System—		
	(a) Epilepsy	-	-
	(b) Other	4	-
15	Psychological—		
	(a) Development	1	1
	(b) Stability	5	5
16	Abdomen	5	-
17	Other.....	1,009	31

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of Cases Known to have been dealt with
External and other, excluding errors of refraction and squint.....	63
Errors of refraction (including squint)	1, 364
Total	1, 427
No. of Pupils for whom spectacles were prescribed	1, 335

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of Cases known to have been dealt with
Received operative treatment—	
(a) for disease of the ear	17
(b) for adenoids and chronic tonsilitis	382
(c) for other nose and throat conditions.....	12
Received other forms of treatment	119
Total	530
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966	2
(b) in previous years	12

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of Cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	77
(b) Pupils treated at school for postural defects	-
Total	77

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I).

	No. of Cases known to have been treated
Ringworm—(a) Scalp	-
(b) Body	-
Scabies	96
Impetigo	33
Other Skin Diseases	1, 160
Total	1, 289

TABLE E—CHILD GUIDANCE CLINIC

	No. of Cases known to have been treated
Pupils treated at Child Guidance Clinics	124

TABLE F—SPEECH THERAPY

	No. of Cases known to have been treated
Pupils treated by speech therapists	-

TABLE G—OTHER TREATMENT GIVEN

	No. of Cases known to have been dealt with
(a) Pupils with minor ailments	166
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. Vaccination	2, 186
(d) Other than (a), (b), and (c) above.	
Abdominal pains 4.....	4
Bronchitis 2; Debility 62; Diabetics 3	
Enteritis 1.....	68
Enuresis 30; Encopresis 1.....	31
Hepatitis 2; Injuries 25.....	27
Lymphatic gland 1; Meningitis 4;	
Observation 5.....	10
TOTAL	2, 492

TABLE B - DENTAL INSPECTION AND TREATMENT

1. ATTENDANCES & TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit.....	2,392	2,210	317	4,919
Subsequent visits.....	1,594	2,246	286	4,126
Total visits.....	3,986	4,456	603	9,045
Additional course of treatment commenced.....	420	338	31	789
Fillings in permanent teeth.....	1,519	4,035	603	6,157
Fillings in deciduous teeth.....	1,270	25	-	1,295
Permanent teeth filled.....	1,262	2,998	492	4,752
Deciduous teeth filled.....	1,101	19	-	1,120
Permanent teeth extracted..	194	628	141	963
Deciduous teeth extracted..	2,944	630	-	3,574
General anaesthetics.....	1,133	494	41	1,668
Emergencies.....	524	274	4	802

Number of pupils X-rayed.....	81
Prophylaxis	249
Teeth otherwise conserved.....	34
Number of teeth root filled.....	11
Inlays.....	3
Crowns.....	4
Courses of treatment completed.....	4,286

2. ORTHODONTICS

Cases remaining from previous year.....	26
New cases commenced during year.....	58
Cases completed during year.....	62
Cases discontinued during year.....	9
No. of removable appliances fitted.....	87
No. of fixed appliances fitted.....	-
Pupils referred to Hospital Consultant.....	13

3. PROSTHETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or P.L. (first time)....	-	-	1	1
Pupils supplied with other dentures (first time)...	2	6	1	9
Number of dentures supplied	2	8	3	13

4. ANAESTHETICS General Anaesthetics administered by
Dental Officers..... 535

5. INSPECTIONS

(a) First inspection at school. Number of pupils.....	16,487
(b) First inspection at clinic. Number of pupils.....	2,420
Number of (a) + (b) found to require treatment....	11,349
Number of (a) + (b) offered treatment.....	8,380
(c) Pupils re-inspected at school clinic.....	3,029
Number of (c) found to require treatment.....	1,902

6. SESSIONS

Sessions devoted to treatment.....	1,651
Sessions devoted to inspection.....	170
Sessions devoted to Dental Health Education.....	180

